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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # N92000000813 (7)

1. Corporation Name
PEACE RIVER PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
240 BELVEDERE COURT PUNTA GORDA FL 33950	240 BELVEDERE COURT PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0406669 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 304 CORRIENTES CIR.	26 304 CORRIENTES CIR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PT. CHARLOTTE, FL.	City & State 28 PT. CHARLOTTE, FL
Zip 24 33983 Country 25 U.S.A	Zip 29 33983 Country 30 U.S.A

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ROONEY, J Q~~
~~306 E. OLYMPIA AVENUE~~
~~PUNTA GORDA FL 33950~~

10. Name and Address of New Registered Agent

81 Name: JONES J. A.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 304 CORRIENTES CIR.
84 City: PT. CHARLOTTE FL 85 Zip Code: 33983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JONES, JAMES A. J. A. Jones FEB 1, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P D ☒ Change ☐ Addition
NAME	NEUMANN, DOLORES A	1.2 NAME	JULIANO, JUDY
STREET ADDRESS	325 LINTON LANE	1.3 STREET ADDRESS	2093 ROMA CT.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 44950
TITLE	D	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	DAVIS, JOAN	2.2 NAME	MONGIELLO, ROBB REV.
STREET ADDRESS	2610 RIO PLATO DR.	2.3 STREET ADDRESS	363 W. CHARLOTTE AVE
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950
TITLE	STD	3.1 TITLE	T D ☒ Change ☐ Addition
NAME	MASTRO, MARDII	3.2 NAME	JONES, JAMES A.
STREET ADDRESS	240 BELVEDERE COURT	3.3 STREET ADDRESS	304 CORRIENTES CIR.
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	PT. CHARLOTTE, FL. 33983
TITLE	PD	4.1 TITLE	S D ☒ Change ☐ Addition
NAME	JULIANO, JUDY	4.2 NAME	YAMASHITA, MARIE
STREET ADDRESS	19415 ABHENRY CIRCLE	4.3 STREET ADDRESS	4420 CONWAY
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	PT. CHARLOTTE, FL. 33952
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MONGIELO, FR. BOB	5.2 NAME	MASTRO, MARDII
STREET ADDRESS	363 W. CHARLOTTE AVE.	5.3 STREET ADDRESS	240 BELVEDERE CT.
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HABERMAN, MARIAN	6.2 NAME	DARBY, PATRICIA
STREET ADDRESS	26077 DOLMAN COURT	6.3 STREET ADDRESS	215 RIO VILLA DR.
CITY-ST-ZIP	PUNTA GORDA FL 33950	6.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JONES, JAMES A. J. A. Jones FEB 1, 1995 813-764-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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